

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-378)

SERIAL NO. **10/518346**

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/					
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3		/				
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49						
50						
TOTAL IND.	3					
TOTAL DEP.	17					
TOTAL CLAIMS	20					

	AFTER 3RD AMENDMENT		AFTER 4TH AMENDMENT		AFTER 5TH AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS